

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001614999** File Number: **0000149425** Submit Date: **06/01/2021** Call Sign: **KTAO** Facility ID: **64602** City:

TAOS State: NM

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 06/01/2021 Filing Status: Active

## General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	KTAO & KLNN EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
TAOS COMMUNICATION CORPORATION Doing Business As: TAOS COMMUNICATION CORPORATION	PO Box 2126 El Prado, NM 87529 United States	+1 (575) 758- 5826	katie@ktao. com	COR

#### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17TH STREET Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0438	MCCORMICK@FHHLAW. COM	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
164283	KLNN	QUESTA	NM	No
64602	KTAO	TAOS	NM	No

### **Program Report Questions**

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

#### Additional Program Report Questions

### **Responsibility for Implementation**

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Katherine Speirs	President

### Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	06/01 /2021
Certified Title	President
Authorized Party Name	Katherine Speirs

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
KTAO and KLNN 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	KTAO and KLNN 2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
KTAO and KLNN EEO Program  Report Narrative.pdf	Applicant	Narrative Statement	KTAO and KLNN EEO Program Report Narrative	Done with Virus Scan and/or Conversion
KTAO-KLNN EEO Public File Report 2020-2021.pdf	Applicant	EEO Public File Report	KTAO and KLNN 2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion